

*** Complete this Form and Send All Copies to Finance ***

CITY OF HENDERSONVILLE

STATEMENT OF TRAVELING EXPENSES

Date: _____

Name: _____

Department: _____

Destination: _____ Date - Form: _____ To: _____

Purpose of Trip: _____

Expenses summarized below for _____ Person - List Names other than self _____

Transportation

Air - Rail - Auto - Bus - Other _____

Lodging _____

Meals _____

Taxi, or Necessary Transportation _____

Telephone or Telegraph _____

Misc. (Itemize) _____

Total Expense \$ _____

Approved _____

Dept Head

Date _____

FINANCE DEPT. USE ONLY

Advance

Date _____

Check No. _____

EXPENSE REIMBURSEMENT

Date _____

Check No. _____

Voucher No. _____

Employee Signature

*** Charge to Account Number: _____

*** SUBMIT COMPLETED FORM TO FINANCE DEPT. WITHIN 7 DAYS UPON RETURN FROM TRIP ***

RECONCILIATION OF ADVANCE

Amount of Advance _____

Less _____

Travel Expenses as Listed Above _____

Cash Refunded by Employee _____

Amount Due Employee If (Credit) _____

Refund Received by _____

Finance Dept

Date